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REPORT OF THE EXECUTIVE DIRECTOR FOR 1994

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STATUS REPORT ON THE GLOBAL INITIATIVE ON CONTRACEPTIVE REQUIREMENTS AND LOGISTICS MANAGEMENT NEEDS IN DEVELOPING COUNTRIES IN THE 1990s

1. This report has been prepared in response to decision 94/19, in which the Executive Board took note of the UNFPA report on the Global Initiative on Contraceptive Requirements and Logistics Management Needs in Developing Countries in the 1990s (document DP/1994/47); endorsed the continuation of the work of the Global Initiative; authorized the Executive Director to make appropriate arrangements, through the use of project funds, to continue the work of the secretariat of the Global Initiative for a further two-year period; and requested the Executive Director to submit to the Executive Board in 1995 a status report on the Global Initiative as well as proposals for continuing its work beyond 1995, if necessary.

A. Activities of the Global Initiative in 1994

2. During 1994, the Global Initiative organized in-depth country studies on contraceptive requirements and logistics management needs in four countries: Brazil, Bangladesh, Nigeria and Egypt. It should be noted, however, that as a result of a national strike by oil workers in Nigeria the in-depth study in that country had to be curtailed. In addition to determining contraceptive requirements and commodity costs over a 10-year period, the in-depth studies focused on logistics management needs; the role and involvement of non-governmental organizations (NGOs) and the private sector in family-planning service delivery; options for producing contraceptive commodities locally; condom requirements for HIV/AIDS prevention; and a financial analysis of the sources and uses of funds for contraceptive commodities. In each of the studies, UNFPA collaborated closely with the host country and with multilateral and bilateral donors and NGOs. The technical reports of the in-depth studies undertaken in Brazil, Bangladesh and Egypt are being published and will be disseminated in 1995. The reports of the in-depth studies have generated interest in several other countries with regard to contraceptive requirements. As a result, the secretariat of the Global Initiative provided technical assistance and guidance to the Latin America and Caribbean Division of UNFPA in organizing similar studies in Haiti and the Dominican Republic.

3. Other technical reports published and disseminated under the auspices of the Global Initiative during 1994 included the in-depth studies on contraceptive requirements and logistics management needs in the Philippines, Turkey and Viet Nam; the French and Spanish translations of Contraceptive Procurement: Options for Programme Managers; and an update of global estimates for contraceptives entitled Contraceptive Use and Commodity Costs in Developing Countries, 1994-2005. This last report builds on the earlier UNFPA report Contraceptive Requirements and Demand for Contraceptive Commodities in Developing Countries in the 1990s that was published in 1991. Following a recommendation of the Working Group on Contraceptive Requirements and Logistics Management Needs, UNFPA is publishing a report on the findings of the contraceptive commodity database, which is a repository of information on donor-supplied contraceptive

commodities, including condoms for HIV/AIDS prevention. One key function of the database is to facilitate and encourage coordination and cooperation among donor agencies as well as between donor agencies and Governments. The secretariat of the Global Initiative is also preparing a technical report that will include: (a) lessons learned from the in-depth country studies; (b) a step-by-step guide on how to conduct an in-depth study; and (c) methodologies for estimating contraceptive requirements and commodity costs.

4. The annual Consultative Group Meeting on Contraceptive Requirements and Logistics Management Needs in Developing Countries in the 1990s was held on 10 June 1994 in Geneva, in conjunction with the first annual session of the Executive Board. The Consultative Group meeting was attended by 36 representatives of developing and developed countries, inter-governmental organizations and NGOs. The meeting recommended: (a) continuing the activities of the Global Initiative; (b) continuing the development of the contraceptive commodity database to include both retrospective and prospective data on contraceptive supplies; (c) increasing efforts in the area of coordinated procurement of contraceptive commodities, including further examination of the procurement of generic contraceptives; and (d) giving stronger emphasis at both the global- and country-level on follow up to the in-depth studies to ensure that the recommendations of the missions were being implemented. Several participants commended the work of the Global Initiative and emphasized that UNFPA should find a mechanism to institutionalize the expertise that had been developed. The Consultative Group is to hold its sixth annual meeting at the United Nations in New York on 2 June 1995.

5. The Working Group on Contraceptive Requirements and Logistics Management Needs held two meetings during 1994. Key issues discussed at the meetings included the status and progress of the in-depth studies and the process of following up on the studies once completed; development of the contraceptive commodities database; expansion of the paper from the International Planned Parenthood Federation (IPPF) on the procurement of generic contraceptives; options for the establishment of a global contraceptive commodity fund; the need to involve the European Union in the Working Group; and future plans for the continuation of the Global Initiative.

6. Following the recommendations of the Consultative Group and the Working Group, UNFPA is continuing to implement and monitor the follow-up process in countries where in-depth studies have been completed. In Bangladesh, the draft report of the in-depth study served as the key document at a follow-up workshop for representatives of the Government, UNFPA, the United States Agency for International Development (USAID), academic institutions and NGOs. In India, the report was used in a planning exercise of the Department of Family Welfare. UNFPA, at the request of the World Bank, organized an update of the report on India with a specific focus on the supply, warehousing and distribution of oral contraceptives. In Nepal, follow-up action has focused on strengthening the logistics management system. Increased distribution of contraceptive commodities, monitoring of stock balances and consumption patterns, and the utilization of private sector transportation have helped to ensure improved contraceptive supply and availability at all service outlets. In Pakistan, a more coordinated approach is being followed in the procurement of

contraceptives. Condom testing, regular review of contraceptive stocks, audits to prevent commodity leakages, feasibility studies for the manufacturing of intra-uterine devices (IUDs) and condoms, and the streamlining of contraceptive procurement and distribution are examples of activities that are ongoing or planned for the near future.

7. Based on the recommendations of the in-depth study of the Philippines, UNFPA provided injectable contraceptives for distribution in that country. The in-depth study has also been used as a key document by subsequent missions from other organizations that are helping the Philippines to meet its contraceptive needs. In Turkey, plans are under way to strengthen commodity forecasting and the logistics management system as well as to improve quality assurance. In Viet Nam, a number of steps have been taken to improve the management information system for family planning monitoring and evaluation. Other follow-up activities include strengthening contraceptive social marketing, improving quality-control testing of condoms and developing a network of village health workers for home-based service delivery (including distribution of oral contraceptives and condoms). In Zimbabwe, areas of progress include the development of a strategy to expand the use of injectables in the national programme, the increased availability of condom-testing equipment and the introduction of charges for condoms. During 1995, follow-up action plans will be developed in Brazil, Egypt and Mexico according to the recommendations of the in-depth reports.

8. Both the Consultative Group and the Executive Board have advocated an "unmet needs" approach for estimating contraceptive requirements. The methodology, however, is predicated on the availability of up-to-date information on the extent of unmet needs, which is most readily obtained from demographic and health (or similar) surveys, and these are not universally available. The unmet needs approach has been included in the in-depth studies undertaken in Egypt and the Philippines. The report Contraceptive Use and Commodity Costs in Developing Countries, 1994-2005 includes a section on "Unmet Need as Basis for Projection of Contraceptive Prevalence". Additionally, the unmet needs approach will be included in the UNFPA report on methodologies for estimating contraceptive requirements. As appropriate, UNFPA will continue to pursue this approach where data are available.

B. Continuing the Global Initiative beyond 1995

9. Over the past three years, the activities of the Global Initiative have been planned, coordinated and implemented by a secretariat consisting of two professional and one support staff. This secretariat is directly supervised by the Chief of the Fund's Reproductive Health/ Family Planning (RH/FP) Branch and is under the overall management of the Director, Technical and Evaluation Division (TED). Funding for the Global Initiative has been provided by the Australian International Development Assistance Bureau (AusAID), The Rockefeller Foundation, the Swedish International Development Authority (SIDA), the World Bank and UNFPA. Funds for consultants, mission costs and publications provided by UNFPA have been supplemented, in the case of the country studies, by a number of partners, including the Canadian International Development Agency (CIDA), IPPF, British Overseas Development Administration (ODA), The Population Council, The

Rockefeller Foundation, SIDA, USAID, the World Bank and WHO's Global Programme on AIDS. Current funding will end in 1995.

10. Activities proposed to be undertaken by the Global Initiative during the next four years include medium-term follow-up to the in-depth studies; technical assistance and training in logistics and forecasting; development and regular updating of the contraceptive commodity database; publication of additional technical reports; development of mechanisms for coordinated procurement; monitoring of country follow-up action plans; and, if established, management of the global contraceptive commodity fund.

11. The Executive Director's proposals for continuing the work of the Global Initiative beyond 1995 will be contained in the Fund's submission of its intercountry programme for 1996-1999, which will be submitted to the Executive Board in 1995.

REPORT ON MEASURES TAKEN TO IMPLEMENT EXECUTIVE BOARD DECISION 94/25 "ASSISTANCE TO RWANDA"

12. This report has been prepared in response to decision 94/25, which encouraged UNFPA, given the situation in Rwanda, to support, in appropriate ways and in collaboration with other relief agencies, emergency assistance to the people of Rwanda from the third population programme resources on an exceptional basis and to report to the Executive Board at its annual session in 1995 on measures taken to implement the decision.

13. The most critical phase of the national emergency in Rwanda is now over, and the situation is slowly improving in many areas. The new Government of Rwanda, formed on 19 July 1995, is struggling with the enormous task of rebuilding its shattered economy, communities and infrastructure, as well as dealing with the return of internally displaced persons and refugees to their home communes.

A. Implementation of decision 94/25

14. Based on decision 94/25 and in accordance with UNFPA policy concerning "Assistance in Emergency Situations" (as contained in UNFPA/CM/94/43), which reaffirms UNFPA's role in protecting the reproductive rights of populations in crisis, UNFPA resumed activities in Rwanda in August 1994. A mission to assess the reproductive health needs of Rwanda's displaced populations was undertaken between 15 August and 13 September 1994 by the UNFPA Senior Adviser on Emergency Operations. Working in close collaboration with other United Nations agencies and non-governmental organizations (NGOs), UNFPA rapidly formulated emergency assistance projects for the Government of Rwanda and for Rwandan refugees in Burundi and the United Republic of Tanzania.

15. In Rwanda, the UNFPA project "Emergency/Rehabilitation Assistance to the National Maternal and Child Health and Family Planning (MCH/FP) Programme" aims at improving the health of mothers and children by making the Ministry of Health's MCH/FP Division operational at the central and district levels; by rehabilitating MCH/FP services in eight rural hospitals; by elaborating an integrated training programme incorporating components on MCH/FP, Safe Motherhood, and the prevention of HIV/AIDS and other sexually transmitted diseases (STDs); and by reactivating the MCH/FP services of a national NGO working in that area. The project was approved by UNFPA in September 1994 in the amount of $786,000 with UNICEF and UNFPA as executing agencies.

16. The project experienced some delays in implementation due primarily to a lack of field staff in both UNICEF and UNFPA as well as changing government priorities. However, since December 1994, a number of important project activities have been realized. These include the identification of rural hospitals to be covered by the project; the appointment of MCH/FP personnel at the central and district levels; the preparation of an inventory of contraceptive stock; the ordering

of medical and transportation equipment; and, finally, the elaboration of an integrated training programme by an international consultant recruited for the project.

17. In order to meet the reproductive health needs of Rwandan refugees in Burundi and in the Republic of Tanzania, two emergency assistance projects were approved by UNFPA that aim to provide reproductive health and family planning (RH/FP) information and services to Rwandan refugees concentrated in camps. The Fund approved $250,000 for activities in the United Republic of Tanzania and $154,000 for activities in Burundi, both amounts charged against UNFPA's country programme for Rwanda. Both projects endeavour to train refugees as outreach workers, and both stress HIV prevention as a part of the RH/FP package. Although they have met occasional delays owing to unrest in the camps, both are progressing reasonably well in terms of training; providing information, education and communication (IEC); and furnishing needed services.

18. In addition to its assistance for RH/FP activities, UNFPA has contributed significantly to the collection of population data in Rwanda itself. As all population data were outdated after the war, there is an urgent need for reliable information on refugees, displaced persons and settled populations on the part of the Government, donors and NGOs trying to meet emergency needs and to plan programmes for rehabilitation. To respond to this need, UNFPA financed two Country Support Team (CST) missions in late 1994 to assist in the area of emergency data collection. The first mission reviewed the various population estimates made by the Government, United Nations agencies and NGOs; evaluated data collection and estimation methodologies; identified population data needs; and made recommendations aimed at addressing existing data needs. The mission was able to provide an estimated population for Rwanda taking into account the effects of war. The second mission, requested by the United Nations Rwanda Emergency Office (UNREO), was undertaken in December by two regional advisers from CSTs in Addis Ababa and Dakar. The mission provided recommendations to UNREO's Integrated Operations Centre on establishing a reliable database on population and socio-economic information.

19. Finally, in order to assist the Government of Rwanda in meeting urgent population data needs, pending the organization and planning of the 1997/98 Population and Housing Census, UNFPA has funded a third CST mission to provide technical assistance to the Department of Statistics of the Ministry of Planning in finalizing a project document for a socio-demographic survey and in elaborating the survey questionnaire. The estimated cost for external assistance is $500,000. The project is scheduled to begin activities in May 1995.

B. Status of resources from the third UNFPA country programme

20. Of the total $7.0 million approved for the third UNFPA country programme for Rwanda, $1.6 million ($1.3 million from regular resources and $300,000 from multi-bilateral sources) was spent in 1993-1994. Thus a total of $5.4 million remains for 1995-1997. If conditions continue

to permit implementation of activities, this amount should be nearly adequate, although the need for additional resources of perhaps $800,000 could be envisioned.

21. Additionally, the approval of the demographic survey mentioned above would require additional expenditures in that sector of about $500,000. If, as expected, a project for refugees in Zaire is approved and activities accelerate in Rwanda itself, programme expenditures for RH/FP activities are likely to exceed the approved amount of $3 million by about $1.0 million. These two sectoral overexpenditures would be partially offset by underexpenditure in other sectors, especially IEC.

C. Donor coordination

22. UNFPA's current position on programming in Rwanda is to collaborate closely with, and channel assistance through, agencies and organizations that are delivering rehabilitation and development assistance in Rwanda. The project "Emergency/Rehabilitation Assistance to the National MCH/FP Programme" was formulated in collaboration with UNICEF, WHO and NGOs working in the field of MCH/FP. In addition, projects for emergency assistance in Burundi and the United Republic of Tanzania were formulated in collaboration with the Office of the United Nations High Commission for Refugees (UNHCR), UNICEF, the African Medical and Research Foundation (AMREF) and local NGOs.

23. The planned project for a socio-demographic survey is being formulated in collaboration with UNREO's Integrated Operations Centre to ensure full incorporation and utilization of population data for rehabilitation and humanitarian assistance to Rwanda.

D. Conclusion and recommendations by the Executive Director

24. UNFPA's experience in Rwanda shows that there is a critical need for programme flexibility during emergency situations. Executive Board decision 94/25, by allowing UNFPA to provide emergency/rehabilitation assistance to the people of Rwanda through the use of resources allocated for the third country programme, has provided this flexibility.

25. The Executive Director recommends that the Executive Board approve the continued implementation of decision 94/25, allowing for flexibility in sectoral expenditure of resources from Rwanda's third country programme resources and for overall expenditures of up to $7.8 million, to enable UNFPA to continue to respond to the Government of Rwanda's evolving needs for reconstruction and development.

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